

DECLARATION AND POWER OF ATTORNEY
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

GENERATION OF DIAGNOSTIC TOOLS TO ASSAY THE HUMAN LHX3/P-LIM/LIM-3 FACTOR

the specification of which is attached hereto and/or was filed on _____ as Application No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

PCT/US00/04424	US	February 22, 2000	Priority Claimed [X] Yes [] No
(Number)	(Country)	(Day/month/year filed)	
			[] Yes [] No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

[illegible]

<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding-bottom: 5px;"> 60/121,110 February 22, 1999 </div> <div style="display: flex; justify-content: space-between; padding-top: 5px;"> (Application No.) (Filing Date) </div>		<p><u>Priority Claimed</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; padding-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; padding-top: 5px;"> (Application No.) (Filing Date) </div>		<p><u>Priority Claimed</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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